



ATOMS BOOSTER CLUB REIMBURSEMENT PAYMENT AUTHORIZATION REQUEST

For reimbursement, you must submit this voucher with receipt(s) attached to the Annandale Booster Club's Treasurer.

DATE OF REQUEST: _____ PHONE NUMBER: _____

PURPOSE: _____

PERSON INITIATING REQUEST: _____

CHECK PAYABLE TO: _____

ADDRESS: _____

DATE	# OF ITEMS	RATE	DESCRIPTION	TOTAL

APPROVED BY: _____ PRESIDENT	APPROVED BY: _____ TREASURER
DATE RECEIVED: _____	CHECK NUMBER: _____
TOTAL: _____	DATE OF CHECK: _____